

FILED SEP 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27109

State File No.

BIRTH NO.		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 3048		Registrar's No. 215	
1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Iowa</u> b. COUNTY <u>Page</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Maryville</u>		c. LENGTH OF STAY (in this place) <u>20 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Nebraska</u>		6140	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>3 Miles East of Clarinda.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Allie</u>		b. (Middle)		c. (Last) <u>Guenther</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 24 1955</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May-4-1881</u>	
9. AGE (in years last birthday) <u>74</u>		10. UNDER 1 YEAR Months Days		11. BIRTHPLACE (State or foreign country) <u>Near Shambaugh Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>		13a. FATHER'S NAME <u>Henry Guenther</u>		13b. MOTHER'S MAIDEN NAME <u>Maddeline (Maiden Name Unknown)</u>	
14. NAME OF HUSBAND OR WIFE <u>Anna McNeer Guenther</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None Known</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Allie Guenther - Clarinda, Ia.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Red Myocardial Infarction</u> DUE TO (c) <u>Severe Coronary Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>610X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 mos - 2 yrs</u>	
19a. DATE OF OPERATION <u>8/24/55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Transurethral resection of prostate</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY) TOWN, OR TOWNSHIP (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>Feb - 1955</u> , to <u>Aug 24, 1955</u> , that I last saw the deceased alive on <u>Aug 24</u> , 1955, and that death occurred at <u>8:15</u> am., from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>Maryville Mo</u>		23c. DATE SIGNED <u>8-24-55</u> (State)			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Aug 24-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clarinda Cemetery</u>		24d. LOCATION (City, town, or county) <u>Clarinda, Iowa.</u>	
DATE REC'D BY LOCAL REG. <u>8.31-55</u>		REGISTRAR'S SIGNATURE <u>Bess Holt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Loren Davisson</u>		ADDRESS <u>Clarinda, Iowa</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Body Was Removed to Clarinda Iowa Unembalmed.

Student Embalmer No.

Signed

Loren Dawson

Signed.....
Student Embalmer

Iowa

Licensed Embalmer No. 3148

P. O. Address. Clarinda, Iowa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.